

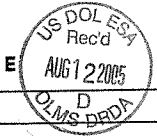
# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5736</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Philip</u> <u>E</u> <u>Young</u>  P.O. Box, Bldg., Room No., if any _____ Street <u>25 Louisiana Ave., NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20001</u>	4. Name, file number, and address of labor organization. Name <u>Int'l Brotherhood of Teamsters</u> Labor Organization File Number <u>000-093</u> P.O. Box, Building and Room Number, if any _____ Street <u>25 Louisiana Ave., NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20001</u>
5. Position in labor organization. <u>Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Philip E Young

On 8/11/05  
Date

816 773 2325  
Telephone Number

Name of Person Filing Philip Young	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="N/A"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="N/A"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px;"></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px;"></div> <p>12.b. Amount. <input type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text" value="See attached Schedule 14.a. and 14.b."/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="9377 W. Higgins"/></p> <p>City <input type="text" value="Rosemont"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60018"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px;"><p>See attached Schedule 14.a. and 14.b.</p></div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Central States Health & Welfare Fund  
Central States Pension Fund

12/31/04  
12/31/04

SCHEDULE 14.a. & 14.b.

The reporting labor organization officer is a Trustee of the Central States, Southeast and Southwest Areas Pension Fund and of the Central States, Southeast and Southwest Areas Health and Welfare Fund (the "Funds"). The reporting labor organization officer does not receive any salary or other compensation for his services as a Trustee of the Funds. The payments or expenditures referenced herein were incurred by the reporting officer as ordinary expenses in the course of performing his duties as a Trustee of the Funds. These expenses do not relate to the reporting person's activities and capacity as an officer of a labor organization. See *N.L.R.B. v. Acme Coal Co.*, 453 U.S. 322 (1981) (trustees of a multiemployer employee benefit plan are not representatives of the entities that appointed them as trustees).

Philip E. Young  
Payments from Central States, Southeast and Southwest Areas Health and Welfare Fund  
Schedules 14.a. and 14.b.  
For Calendar Year 2004

14.a. Nature of Payments

<u>Date of Expenditure</u>	<u>Kind of Expenditure</u>	<u>Nature of Expense</u>	<u>Purpose</u>	<u>14.b. Amount of Payment</u>
1/16/04	Note 1	Non-Refundable Registration Fee	50th Annual International Foundation of Employee Benefit Plan Conference	\$135
1/19/04	Note 1	Hotel, Meals, Airfare	January 2004 Board Meeting in Rosemont, IL	346
1/20/04	Note 1	Airfare, Meals	January 2004 Board Meeting in Rosemont, IL	255
2/17/04	Note 1	Airfare, Parking	February 2004 Board Meeting in Rosemont, IL	629
3/15/04	Note 1	Annual Fee	American Express Card	16
4/19/04	Note 1	Hotel, Airfare, Meal	April 2004 Board Meeting in Rosemont, IL	359
4/20/04	Note 1	Airfare, Parking	April 2004 Board Meeting in Rosemont, IL	256
7/19/04	Note 1	Hotel, Meals, Airfare	July 2004 Board Meeting in Rosemont, IL	354
7/20/04	Note 1	Airfare, Meals	July 2004 Board Meeting in Rosemont, IL	255
9/7/04	Note 1	Airfare, Parking	September Board Meeting in Rosemont, IL	504
10/7/04	Note 1	Meal	MO/KAN/NEB Conference Concerning Fund Benefits	4
10/12/04	Note 1	Airfare, Parking	October Board Meeting in Rosemont, IL	620
10/15/04	Note 2	Membership Dues	International Foundation of Employee Benefit Plans	26
11/16/04	Note 1	Airfare, Parking	November 2004 Board Meeting in Rosemont, IL	513
12/6/04	Note 1	Airfare, Hotel	December 2004 Board Meeting in Rosemont, IL	449
12/7/04	Note 1	Meals	December 2004 Board Meeting in Rosemont, IL	9

Note 1: Trustee Fund related expense charged to credit card.

Note 2: Trustee Fund related expense paid by check to International Foundation of Employee Benefit Plans.

Philip E. Young  
Payments from Central States, Southeast and Southwest Areas Pension Fund  
Schedules 14.a. and 14.b.  
For Calendar Year 2004

14.a. Nature of Payments

<u>Date of</u> <u>Expenditure</u>	<u>Kind of</u> <u>Expenditure</u>	<u>Nature of Expense</u>	<u>Purpose</u>	14.b. <u>Amount of Payment</u>
1/16/04	Note 1	Non-Refundable Registration Fee	50th Annual International Foundation of Employee Benefit Plan Conference	\$165
1/19/04	Note 1	Hotel, Meals, Airfare	January 2004 Board Meeting in Rosemont, IL	422
1/20/04	Note 1	Airfare, Meals	January 2004 Board Meeting in Rosemont, IL	313
2/17/04	Note 1	Airfare, Parking	February 2004 Board Meeting in Rosemont, IL	770
3/15/04	Note 1	Annual Fee	American Express Card	19
4/19/04	Note 1	Hotel, Airfare, Meal	April 2004 Board Meeting in Rosemont, IL	337
4/20/04	Note 1	Airfare, Parking	April 2004 Board Meeting in Rosemont, IL	314
7/19/04	Note 1	Hotel, Meals, Airfare	July 2004 Board Meeting in Rosemont, IL	431
7/20/04	Note 1	Airfare, Meals	July 2004 Board Meeting in Rosemont, IL	313
9/7/04	Note 1	Airfare, Parking	September Board Meeting in Rosemont, IL	616
10/7/04	Note 1	Meal	MO/KAN/NEB Conference Concerning Fund Benefits	4
10/12/04	Note 1	Airfare, Parking	October Board Meeting in Rosemont, IL	758
10/15/04	Note 2	Membership Dues	International Foundation of Employee Benefit Plans	31
11/16/04	Note 1	Airfare, Parking	November 2004 Board Meeting in Rosemont, IL	627
12/6/04	Note 1	Airfare, Hotel	December 2004 Board Meeting in Rosemont, IL	550
12/7/04	Note 1	Meals	December 2004 Board Meeting in Rosemont, IL	11

Note 1: Trustee Fund related expense charged to credit card.

Note 2: Trustee Fund related expense paid by check to International Foundation of Employee Benefit Plans.